

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03495

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Va</u>		COUNTY <u>Fairfax</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		83X-3	
TOWN <u>St Leonard</u>				STREET ADDRESS (If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) <u>Lenville</u> (Middle) <u>Naired</u> (Last) <u>Ashworth</u>				OF DEATH: <u>4-17</u> <u>1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>M</u>	8. DATE OF BIRTH: <u>3-12-23</u>	9. AGE last birthday: <u>32</u> yrs	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u> Clerk</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Acme Food Store</u>	11. BIRTHPLACE (State or foreign country): <u>Mc Bee Co., Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Ezra Ashworth</u>				14. MOTHER'S MAIDEN NAME: <u>Edith Redden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>233-30-8125</u>		17. INFORMANT & ADDRESS: <u>Selective Service Registration Card</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Drowned</u>							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Body washed ashore 4/26/55</u>							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
<u>Bay - Long Beach</u>				<u>Long Beach</u>		<u>Calvert Md</u>	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY: <u>4-17-55</u> <u>12:30 P.M.</u>				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work		21F. HOW DID INJURY OCCUR? <u>Boat over turned</u>	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>ADDRESS</u> M, from the causes and on the date stated above. DATE SIGNED <u>4/26/55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>				<u>4-27-55</u>		<u>National Mem. Park</u>	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>4-26-55</u>				<u>H. W. Ward</u>		<u>Money & King - Vienna, Va.</u>	

BUREAU V. A.

APR 28 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3508

CERTIFICATE OF DEATH

Reg. Dist. No. 03496
52

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Anne Arundel</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town):		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X TOWN <u>Prince Frederick, md.</u>		<u>5 days</u>		<u>Friendships</u> <u>02X-2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Charles Hamilton Birchhead</u>				<u>April 13 1955</u>			
5. SEX: <u>m</u>	6. COLOR OR RACE: <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>w. Dowel</u>	8. DATE OF BIRTH: <u>July 11, 1867</u>	9. AGE last birthday: <u>87</u> yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farming</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Owner</u>		11. BIRTHPLACE (State or foreign country): <u>Calvert Co md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Robert Birchhead</u>				14. MOTHER'S MAIDEN NAME: <u>Eleanor Stallings</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT & ADDRESS: <u>Mrs. Helen Doring - Doring md</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X IMMEDIATE CAUSE (A) <u>Cardiovascular renal disease</u> 5 yrs							
ANTECEDENT CAUSE (B) _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. _____							
19A. DATE OF OPERATION: _____				19B. MAJOR FINDINGS OF OPERATION _____			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1/2</u> , 19 <u>48</u> , to <u>4/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>55</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>H. H. H. H.</u>				DATE SIGNED <u>Med 4/14/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>4/16/55</u>		NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>	
DATE REC'D BY LOCAL REGISTRAR <u>April 16, 1955</u>				REGISTRAR'S SIGNATURE <u>Dean F. Hutchins</u>		24. FUNERAL DIRECTOR ADDRESS <u>Wm H. Hutchins Doring md</u>	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

BUREAU V. S.

APR 20 1965

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 03497
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Calvert</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Calvert</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
<u>1000</u>		<u>1000</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (First) <u>James</u> (Last) <u>Edmond Culley</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>15</u> (Year) <u>1955</u>	
5. SEX: <u>MA</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <u>Dec 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>Henry Culley</u>		14. MOTHER'S MAIDEN NAME: <u>Alverda Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>yes</u>		16. SOCIAL SECURITY No.: <u>317-05-7863</u>	
17. INFORMANT & ADDRESS: <u>Amos Johnson Lusby, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) <u>Crown disease and</u> DUE TO Antecedent cause(s) (b) <u>Hypertensive Heart Disease</u> DUE TO Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>was unwell & fell in his wheel chair</u>			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Howard D. M. 2</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>4/15/55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	<u>4-19-55</u>	<u>St Johns</u>	<u>Lusby</u>
DATE REC'D BY LOCAL REG. <u>4-18-55</u>	REGISTRAR'S SIGNATURE <u>N.W. Ward</u>	24. FUNERAL DIRECTOR <u>P.E. Sewell Printer Fred, Md.</u>	

BUREAU V. S.

APR 19 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully! The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03498
3510 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Cabaret</i>		MARYLAND		STATE <i>Ind</i>		COUNTY <i>Cabaret</i>	
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<i>X</i> <i>Solomons</i>		<i>35 yrs</i>		<i>Solomons</i>		<i>X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: <i>Apr. 29, 1955</i>			
5. SEX: <i>F</i>		6. COLOR OR RACE: <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>M</i>		8. DATE OF BIRTH: <i>May 12, 1902</i>	
						9. AGE last birthday: <i>52</i> yrs. <i>11</i> Months <i>17</i> Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>		11. BIRTHPLACE (State or foreign country): <i>Baltimore, Ind</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Charles McDowell</i>				14. MOTHER'S MAIDEN NAME: <i>Curtin</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT & ADDRESS: <i>Thomas Sloney - Solomons, Ind</i>	
15. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <i>Cornary Thrombosis</i>							
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 29, 1955</i> , to <i>April 29, 1955</i> , that I last saw the deceased alive on <i>April 29, 1955</i> , and that death occurred at <i>M. from the causes and on the date stated above.</i>							
SIGNATURE <i>Edw. Sloney</i>		ADDRESS <i>507 E. Main</i>		DATE SIGNED <i>4/30/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>May 1, 1955</i>		<i>Middleham Chapel</i>		<i>Lundy - Cabaret Co - Ind</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>4/30/55</i>		<i>H. W. Ward</i>		<i>A. A. Harkness & Son - Ind. of Ind.</i>			

BUREAU V. 2

MAY 4 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03499

3511

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
0 TOWN <u>Pa. Frederick</u>		16 1/2 hrs		OR TOWN <u>Island Creek</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Benjamin F. Towlex</u>				<u>April 4 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. Hours Min.
<u>m</u>	<u>white</u>	<u>MAR</u>	<u>MARCH 25, 1870</u>	<u>85</u> yrs.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Retired</u>		<u>Farming</u>		<u>Calvert County, MD</u>		<u>US</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Benjamin Towlex</u>				<u>Eliza Essey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
<u>No</u>				<u>No</u>			
17. INFORMANT & ADDRESS:							
<u>Mrs. Lester Hall, Island Creek, MD</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X IMMEDIATE CAUSE							
(A) <u>Cardio vascular renal disease</u>						<u>5 yr</u>	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8 45</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		M. D. <u>[Signature]</u>		DATE SIGNED <u>4/4/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Apr. 6, 1955</u>		<u>Christ Church Cem.</u>		<u>PA. Republic, Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>4-5-55</u>		<u>A W Ward</u>		<u>A. G. Harkness</u>		<u>Don-Mutual, Md</u>	

BUREAU V. S.

APR 6 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Calvert</u>	MARYLAND	STATE <u>Va</u>	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>St Michaels</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) <u>St Michaels Va</u>	TOWN <u>83x-</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>George Edward Gentry</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>George</u>	(Middle) <u>Edward</u>	(Last) <u>Gentry</u>	(Month) <u>4</u> (Day) <u>17</u> (Year) <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: <u>10/28 1917</u>
9. AGE last birthday: <u>37</u> yrs.		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>14</u> Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY: <u>Road</u>	
11. BIRTHPLACE (State or foreign country): <u>Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Harry B. Gentry</u>		14. MOTHER'S MAIDEN NAME: <u>Claudia Station</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <u>No</u>		16. SOCIAL SECURITY No.: <u>12</u>	
17. INFORMANT & ADDRESS: <u>Francis Gentry</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>850X</u> <u>Drowned</u>		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Boat capsized</u>		
19a. DATE OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
19b. MAJOR FINDING OF OPERATION:		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) <u>St Michaels</u>	21c. (City or town) <u>Calvert</u> (County) <u>Va</u> (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4/17/55 1230 P.M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Boat turned over</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>H. W. Ward</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>4/17/55</u> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <u>4/17/55</u>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>4/20/55</u>	NAME OF CEMETERY OR CREMATORY <u>Wt. Comfort</u>
LOCATION (City, town, or county) <u>Alexandria, Va.</u>	(State) <u>Va.</u>	
DATE REC'D BY LOCAL REG. <u>4/18/55</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR <u>W. H. Harkness & Son, Mutual, East</u>
		ADDRESS

17

17

MARYLAND

3513

CERTIFICATE OF DEATH

03501
STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelina</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelina</u>	
TOWN <u>Adelina</u>		TOWN <u>Adelina</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Dennis</u> (Last) <u>Gross</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>8</u> (Year) <u>1955</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE/MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>June 15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ARMY CORP</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>80</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Geo. Gross</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	14. MOTHER'S MAIDEN NAME <u>Jane Wilson</u>	17. INFORMANT AND ADDRESS <u>Wilson Gross, Adelina md.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
(a) Immediate cause <u>Coronary Occlusion</u>		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ...		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to April 8, 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 4:00 m., from the causes and on the date stated above.

SIGNATURE <u>James Jett</u>	DATE <u>4-10-55</u>	NAME OF CEMETERY OR CREMATORY <u>Carrolls</u>	LOCATION (City, town, or county) <u>Barstow</u>	STATE <u>md</u>
23. BURIAL CREMATION REMOVAL (Specify)	DATE REC'D BY LOCAL REG. <u>4-9-55</u>	REGISTRAR'S SIGNATURE <u>W. W. Ward</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u>	ADDRESS <u>Prince Frederick, md.</u>

MARGIN RESERVED FOR BINDING

STANDARD V. S.

1975

6. 1/2

3514 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>De Frederick,</u>		<u>1 hr</u>		OR TOWN <u>North Beach</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Calvert County Hospital</u>				<u>1</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <u>Russell</u> (Middle) <u>Erund</u> (Last)				OF DEATH: <u>4</u> <u>27</u> <u>1955</u>			
5. SEX: <u>m</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>MAR.</u>	8. DATE OF BIRTH: <u>Nov 1, 1890</u>	9. AGE last birthday: <u>64</u> yrs	IF UNDER 1 YEAR: Months	IF UNDER 24 HRS.: Days	IF UNDER 24 HRS.: Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): <u>Merchant</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME: <u>David Erund</u>				14. MOTHER'S MAIDEN NAME: <u>Freda Connelly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):				16. SOCIAL SECURITY NO.:			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS: <u>Mrs. Mildred Erund, North Beach, Md.</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
181X IMMEDIATE CAUSE (A) <u>Carcinoma of bladder</u>							
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/25</u> , 19 <u>55</u> , to <u>4/27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/27</u> , 19 <u>55</u> , and that death occurred at <u>8:10 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>H. Weems</u>		ADDRESS <u>M. D. Huntington Rd.</u>		DATE SIGNED <u>4/27/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/30/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>		LOCATION (Is to, town, or county) (State) <u>Switzerland, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4-27-55</u>		REGISTRAR'S SIGNATURE <u>A. W. Ward</u>		24. FUNERAL DIRECTOR <u>J. Wm Lee Sons Co.</u>		ADDRESS <u>Wash., D.C.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



3515

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dowell MD</u>			
X <u>Frederick, MD</u>		<u>3 days</u>		STREET ADDRESS (If rural give location) <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>							
3. NAME OF DECEASED: (Type or Print) <u>Boyd</u> (First) <u>Jefferson</u> (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year) <u>4/25/1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>MAR</u>	8. DATE OF BIRTH: <u>JAN. 26 1908</u>	9. AGE last birthday: <u>47</u> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Lusby, MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME: <u>William Jefferson</u>				14. MOTHER'S MAIDEN NAME: <u>Martha Hutchins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>unk</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: <u>Thelma Jefferson, Dowell, MD</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>							
ANTECEDENT CAUSE (B) <u>Hydronephrosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Enlarged prostate - Urinary Stricture (?)</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) (Min.)		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/24</u> , 19 <u>55</u> , to <u>4/25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>55</u> , and that death occurred at <u>3:25 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Robert Williams</u>		M.D. <u>St. Thomas</u>		DATE SIGNED <u>4/27</u>			
23. (BURIAL, CREMATION, REMOVAL (SPECIFY))		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
		<u>4, 28, 55</u>		<u>St John's</u>		<u>Lusby, MD</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4-26-55</u>		REGISTRAR'S SIGNATURE <u>N.W. Ward</u>		24. FUNERAL DIRECTOR <u>P.F. Sewell Jr., Fred, MD</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 28 1955

RECEIVED

03504

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Calvert</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lusby</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>East-</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>Aug 2nd</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water man</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>77</u> yrs. If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Asbury Polk</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Mary Hall</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Ernest Polk, Lusby, Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
<u>450.0</u> Immediate cause (a) <u>Heart failure</u> Antecedent cause(s) (b) <u>Surrogate's Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 5, 1953</u> to <u>April 13, 1953</u> , that I last saw the deceased alive on <u>April 13, 1953</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Edw. L. Leland</u> (Degree or title) <u>MD</u>		ADDRESS <u>54 Homer St.</u> DATE SIGNED <u>4/20</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4-21-53</u>		REGISTRAR'S SIGNATURE <u>N. W. Ward</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>P. E. Sewell, Prince Fred, Md.</u>	

BUREAU V. I.

APR 22 1955

RECEIVED